

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE
(Other instructions on re-
verse side)

Form approved.
Budget Bureau No. 1004-0135
Expires August 31, 1985

SUNDRY NOTICES AND REPORTS ON WELLS

(Do not use this form for proposals to drill or to deepen or plug back to a different reservoir.
Use "APPLICATION FOR PERMIT—" for such proposals.)

1. OIL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER <input type="checkbox"/>	5. LEASE DESIGNATION AND SERIAL NO. NM-6890
2. NAME OF OPERATOR Southland Royalty Company	6. IF INDIAN, ALLOTTEE OR TRIBE NAME
3. ADDRESS OF OPERATOR P.O. Box 4289 Farmington, New Mexico 87499	7. UNIT AGREEMENT NAME
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 1665'S, 925'W	8. FARM OR LEASE NAME Reese Mesa
14. PERMIT NO.	9. WELL NO. 7
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 6890' GL	10. FIELD AND POOL, OR WILDCAT Albino Pictured Cliffs
	11. SEC., T., R., M., OR BLM. AND SURVEY OR AREA Sec. 11, T32N, R8W BLM
	12. COUNTY OR PARISH 13. STATE San Juan NM

18. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) <input type="checkbox"/>	
(Other) <input type="checkbox"/>			

(NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)*

5-18-89 MOL RU. Killed well. Nd tbg head. Nu bops. Pu 1 jt 1/2" tbg. tag btm @ 4106'. Pooch w/1 1/2" tbg. Tih w/3 7/8" bit. Work bit between 3800-4106', to clean off scale. Pull 10 stds tbg to 3475'. Tooh w/3 7/8" bit. Test lines to 3000 psi. Acidize perfs @ 3888-4096'. Tih w/1 1/2" upset tbg open ended w/muleshoe jt & sn. Land tbg @ 4014', sn @ 3983'. Nd bops. Nu tbg head.

CLERK DIV
MAY 23 1989

18. I hereby certify that the foregoing is true and correct
SIGNED [Signature] TITLE Regulatory Affairs DATE 5-24-89
(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY:

ACCEPTED FOR RECORD
MAY 31 1989

FARMINGTON RESOURCE AREA

*See Instructions on Reverse Side

KH